



RI Department of Health
Three Capitol Hill
Providence, RI 02908-5094

www.health.ri.gov

Interim Health Advisory

Date: July 22, 2009
To: All Healthcare Providers
From: Director of Health, David R. Gifford, MD, MPH
Re: Information on H1N1 in RI

Provider advisories will be issued on Wednesdays. Updated items are in bold text.

Surveillance

As of July 22, 2009 at 3p.m., we have 192 confirmed positive cases, 69 hospitalizations, and 2 deaths. HEALTH has tested 782 patients for swine flu, of which the majority are not influenza A or H1N1 (swine) flu. Confirmed case definition: a case with a positive H1N1 swine flu-specific PCR test.

Due to the number of outbreak clusters and sporadic cases in all five Rhode Island counties, H1N1 Influenza is now considered to be widespread throughout the state. Rhode Island and national surveillance data indicate increased infections in children, increased infections in individuals with chronic medical conditions, and a generally higher hospitalization rate of those infected. Although most illness in Rhode Island has been mild compared to seasonal influenza, there is an increase in the number of hospitalizations.

Based on national projections, HEALTH expects a 30-50% attack rate for H1N1 flu this fall. Providers and healthcare facilities should begin preparing for an increase in the number of patients requiring medical attention this fall.

- **Examine your medical surge capacity by identifying the number of patients you can service and the amount of backup staffing resources you can access. In addition, consider that your staff members may need to take time off to care for sick family members or to obtain alternate childcare services for their children. Remember that increases in the demands for health services and for staffing could be long-term issues this fall, rather than isolated events. Some of these potential staffing shortfalls may be ameliorated with advanced planning.**
- **Focus on preparing for an increase in patients with mild influenza illness this fall. It may be helpful to develop a triage mechanism so patients with mild illness do not overload critical service capabilities.**
- **Health will be working with Hospitals and providers to develop enhanced community based capacity as well and will update you in future briefings.**
- **Encourage anyone with special healthcare needs to register with the Rhode Island Special Needs Emergency Registry. The registry was designed so there is a reliable system for the identification of Rhode Islanders who require special assistance during an emergency. The information provided will be shared with state and local emergency management and first responders such as police or fire. For information or to learn how to enroll in the emergency registry, visit**
<http://www.health.ri.gov/pandemicflu/swineflu/FAQ/SpecialNeedsRegistry.pdf>

H1N1 Vaccine Task Force

HEALTH has established a task force that has been working over the past few weeks to develop a strategy for H1N1 vaccine distribution in the fall. The task force includes employees from HEALTH as well as individuals from the Rhode Island Emergency Management Agency (RIEMA) and the Hospital Association of Rhode Island (HARI). Current efforts include prioritizing target groups for vaccination based on an anticipated limited initial supply of vaccines and supporting the healthcare system as it prepares to administer the vaccines. As new policies for H1N1 vaccine are drafted, they will be disseminated through the normal channels. Please call the H1N1 (Swine) Flu Information Line at (401) 222-8022 for more information.

Second H1N1 Death in Rhode Island

On July 7, HEALTH reported the second death in Rhode Island that is linked to H1N1 virus. The person, an adult woman from Providence County, had underlying medical conditions that increased her risk for serious illness from influenza.

Change in Death Reporting Policy

Until further notice, all hospitals are reminded to report **all confirmed or suspected influenza-related deaths** to the Office of State Medical Examiners. See June 30 advisory at <http://www.health.ri.gov/pandemicflu/ProviderAdvisory/DeathAdvisory062909%20.pdf>

Guidance for Providers

- **Cluster:** Two or more cases of acute febrile respiratory illness (AFRI) occurring within 48 to 72 hours, in residents who are in close proximity to each other (e.g., in the same area of the facility).
- **Outbreak:** A sudden increase of AFRI cases over the normal background rate or when any resident tests positive for influenza. One case of confirmed influenza by any testing method in a long-term care facility resident is an outbreak.

Reporting H1N1 Clusters and Outbreaks

- Report clusters and outbreaks in group residences, nursing homes, assisted living and congregate settings (i.e. camps, daycares, etc.) immediately to HEALTH's Center for Epidemiology and Infectious Diseases at 401-222-2577(8:30am–4:30pm) or 401-272-5952 (4:30pm–8:30am). Directions for specimen collection will be given at this time for surveillance and testing decisions.
- We are beginning to see cluster outbreaks of H1N1 at summer camps. If providers should get calls from summer camp staff, refer to the updated camp guidance at <http://www.health.ri.gov/pandemicflu/swineflu/Advisory/CampGuidance062309Revised.pdf>

Testing

- Until further notice, HEALTH is suspending the pre-authorization requirement for H1N1 (swine flu) swab testing of hospitalized patients with Influenza-like illness. Treating physicians should use their clinical judgment in these cases and order specimens to be sent to HEALTH's lab. ICPs will be expected to continue to report hospitalized ILI cases using the current form.
- HEALTH is no longer testing in emergency departments and general ambulatory settings for routine Influenza-like Illness (ILI). We are no longer considering travel history as a criterion. Please treat based upon your clinical diagnosis and judgment. Treatment and prophylaxis guidelines can be viewed at: <http://www.cdc.gov/h1n1flu/recommendations.htm>
- Testing for H1N1 is unnecessary to diagnose ILI; use clinical judgment to reserve treatment for ILI for moderate to severe cases and testing for severe cases. Mild ILI cases are encouraged to stay at home, with the exception of young children, pregnant women and immune suppressed. Note: Although the Rapid Test for influenza A has poor sensitivity for H1N1 (swine) influenza, it can be conducted in providers' offices.

Pneumococcal Polysaccharide Vaccines (PPSV)

- Similar to usual indications, please ensure that Pneumococcal Polysaccharide Vaccines (PPSV) are updated appropriately. Please see CDC's recommendations (http://www.cdc.gov/h1n1flu/guidance/ppsv_h1n1.htm) on use of the PPSV for specific guidelines.
- **For Adults:** As of April 2009, providers enrolled in Rhode Island's *Immunize for Life* adult immunization program can order PPSV23 vaccine (at no cost) with regular seasonal influenza vaccine orders. **Providers must enroll in the program to request vaccine. To enroll or to place an order, go to: <https://kidsnet.health.ri.gov/adultiz-prod/index.jsp>.** For questions, contact Deborah Porrazzo at 222-7876.
- **For Children:** Pediatric providers can continue to order PPSV23 for high-risk children with monthly vaccine orders. Call Mark Francesconi at 222-5988 or Paul McKiernan at 222-4639.

Additional Guidance

- Influenza-like Illness (ILI) is defined as fever, cough and/or sore throat in the absence of a known cause other than influenza. Though there is concern for H1N1 (swine) influenza, there are currently also many respiratory viral illnesses circulating, including Respiratory Syncytial Virus (RSV), Adenovirus and Parainfluenza 1, 2 and 3. For other inquiries, please contact the H1N1 (Swine) Influenza Information Line at 222-8022.
- School-aged children diagnosed with ILI must be excluded from school for 7 days from onset of symptoms or until asymptomatic for 24 hours, whichever is longer.
- Those who are considered at high-risk for complication of H1N1 Influenza by CDC include:
 - Children younger than 5 years old. The risk for severe complications from seasonal influenza is highest among children younger than 2 years;
 - Anyone age 65 or older;
 - Pregnant women;
 - Those with chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological (including sickle cell disease), neurologic, neuromuscular, or metabolic disorders (including diabetes mellitus);
 - Immunosuppression, including that caused by medications or by HIV;
 - Persons younger than 19 years of age who are receiving long-term aspirin therapy; and
 - Residents of nursing homes and other chronic care facilities.
- Specific advice for providers regarding the need for testing or treatment of H1N1 in pregnant women can be accessed by calling Women and Infants' Hospital of Rhode Island (401-274-1100) and asking to have either the maternal fetal medicine physician or the obstetric medicine attending on call paged. This expert physician consultation will be able to advise regarding antiviral treatment and be able to facilitate influenza PCR testing.
- HEALTH expects that the response to H1N1 (swine) flu will likely last throughout the summer and fall. All healthcare practices should develop and/or implement standard office policies and procedures to handle continued surge in patient visits. HEALTH encourages all healthcare facilities to implement infection control guidelines where appropriate. For details on infection control, visit: <http://www.health.ri.gov/pandemicflu/ProviderAdvisory/050109advisory.pdf>
- Please remember to review clinical guidance and advisories posted on HEALTH's website. Any guidance that is revised or updated will be date stamped for easier reference.

Resources

- HEALTH at <http://www.health.ri.gov>; H1N1 Information Line (M-F 8:30am- 4:30pm) 401-222-8022
- CDC at <http://www.cdc.gov/h1n1flu/>
- WHO at <http://www.who.int/csr/disease/swineflu/en/index.html>